



Telemedicine in digestive diseases during the COVID-19 pandemic

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Technology in medicine has become an integral part of medical practice. It has transformed the way in which patients and health-care professionals interact. First, it was used to shared knowledge and experiences from specialists to primary-care providers, the main experience developed by ECHO Institute in the fight against hepatitis C.¹ After that, telemonitor has been shown to facilitate chronic disease management, and many publications have been written for different specialties including gastroenterology and hepatology.²⁻⁴

The 2020 COVID-19 pandemic has forced to change the way how to practice medicine, and looked for new ways to provide and support care to the patients. The COVID-19 pandemic has forced us to avoid gathering of people, as physical distancing is needed. Although face-to-face contact is the basis for the physician-patient relationship and allows physicians to assess the overall condition, it also carries a risk of infection not only for the patients, but also for physicians.^{5,6}

Telemedicine and teleconsults give access to healthcare services, avoid driving time, avoid both waiting time and the gathering of people to decrease the COVID infection risk. Telemedicine allows enhanced patient-to-physician communication, allowing select patients at risk of developing more severe disease to go to the emergency room for physical evaluation, and to finally ensure prescription.⁷

Telemedicine is also ideal for chronic disease care management: inflammatory bowel disease, irritable bowel syndrome, liver disease, chronic pancreatitis, dyspepsia, and others.⁸⁻¹⁰

References

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http://webfiles.gi.org/docs/Toolbox/Essential_Guide_to_Telemedicine_in_Clinical_Practice.pdf

<https://gi.org/2020/03/20/top-five-things-gastroenterologists-should-know-about-telehealth/>